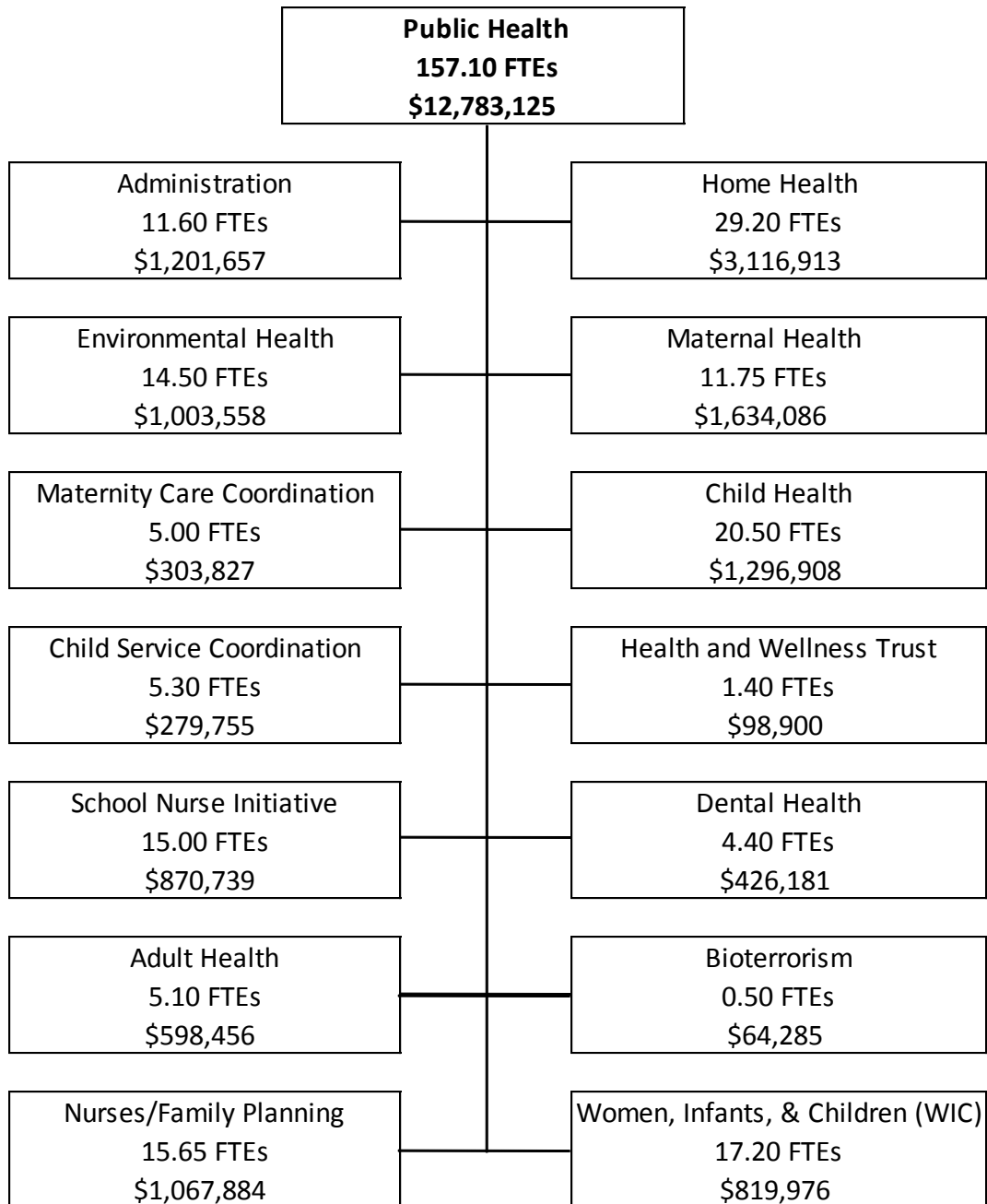


Catawba County Government



Public Health

Summary

	2008/09 Actual	2009/10 Current	2010/11 Requested	2010/11 Recommended	Percent Change
Revenues					
Federal	\$41,279	\$54,013	\$64,163	\$64,163	19%
State	1,417,606	1,182,807	1,167,749	1,167,749	-1%
Federal & State	629,216	660,013	817,960	817,960	24%
Local	887,300	776,447	712,779	712,779	-8%
Charges & Fees	6,817,372	7,094,379	7,860,230	7,860,230	11%
Miscellaneous	92,177	72,136	71,900	71,900	0%
Special Contingency	0	275,000	275,000	275,000	0%
General Fund	2,024,534	1,875,267	1,869,527	1,813,344	-3%
Total	\$11,730,294	\$11,990,062	\$12,839,308	\$12,783,125	7%
Expenses					
Personal Services	\$8,068,530	\$8,242,115	\$8,879,619	\$8,787,437	7%
Supplies & Operations	\$3,653,664	\$3,472,947	\$3,684,689	\$3,701,305	7%
Capital	\$8,100	\$0	\$0	\$19,383	0%
Special Contingency	0	275,000	275,000	275,000	0%
Total	\$11,730,294	\$11,990,062	\$12,839,308	\$12,783,125	7%
Expenses by Division					
Administration	\$908,933	\$1,166,912	\$1,196,771	\$1,201,657	3%
Home Health	2,547,929	2,627,559	3,179,227	3,116,913	19%
Environmental Health	933,075	948,810	1,005,558	1,003,558	6%
Maternal Health	1,816,550	1,888,741	1,925,596	1,937,913	3%
Child Health	1,262,866	1,266,403	1,319,749	1,296,908	2%
Adolescent Health	157,097	210,232	0	0	0%
Child Service Coordination	301,741	289,571	279,755	279,755	-3%
Health & Wellness Trust	84,478	93,908	98,900	98,900	5%
School Health Assistants	81,907	92,268	0	0	0%
School Nurse Fund Initiative	150,240	158,712	164,721	164,721	4%
School Nurse	812,940	687,814	706,018	706,018	3%
Dental Health	481,073	405,207	426,181	426,181	5%
Adult Health	547,069	505,872	580,704	598,456	18%
Bioterrorism	19,268	60,237	64,285	64,285	7%
NAP-SACC Smart Start	37,628	0	0	0	0%
Nurse/Family Planning	924,518	915,303	1,071,867	1,067,884	17%
WIC	662,982	672,513	819,976	819,976	22%
Total	\$11,730,294	\$11,990,062	\$12,839,308	\$12,783,125	7%
Employees					
Permanent	156.00	155.40	161.10	157.10	1%
Hourly	8.27	2.67	8.00	8.00	200%
Total	164.27	158.07	169.10	165.10	4%

Budget Highlights

The Public Health Department's Fiscal Year 2010/11 budget is a 7 percent increase over Fiscal Year 2009/10. The increase is driven by greater workload volumes and is funded through

greater federal/state funding and expanded revenues. The following are the primary increases with the Public Health Department's budget:

- Home Health: This program has experienced an 11 percent increase in caseload in Fiscal Year 2009/10, which is on top of an increase of 11 percent the previous year. These increases have resulted in greater revenue but have also required more staff and resources to keep pace with demand. One additional Home Health nurse is included in the Fiscal Year 2010/11 budget as well as the addition of a clerical staff member who will supervise clerical staff and provide support to the Home Health Director and other Home Health managers. Funding for additional medical supplies was also included.
- Environmental Health: This program is receiving additional funding to cover greater expenses associated with water sampling. Also, a current hourly clerical staff employee will be moved to part-time permanent status. This is a position currently works approximately 20 hours per week and granting permanent status will allow for better continuity of service and be consistent with County practices of giving benefits to employees who regularly work at least half time. This position will also be cross-trained to assist staff in the Permit Center as workload volumes rise.
- Adult Health: This program's revenues increased due to a higher number of flu vaccines and corresponding reimbursement and increases in grant funding. Funding is also included for the purchase of a hematology analyzer to replace the current instrument that has had ongoing technical issues.
- Women, Infants, and Children (WIC): This program's revenues increased due to an increase in Federal funds. This revenue will be used to fund office support staff that will provide clerical support and hospital liaison services.
- Women's Preventive Health: This program's revenues have increased in terms of Medicaid earned due to the hiring of a full-time a vacant Nurse Practitioner and adding additional time for clinical assistance.

While the Public Health Department has experienced increases in funding in certain operational areas, it has also endured the loss of programs and funding. These reductions including the following:

- Health Check: This program is being eliminated by the State of North Carolina and the services will now be provided by private providers. An agreement addendum requires that the County assures these services are being provided and the Public Health Department will work with a private provider to fulfill this agreement.
- School Health Assistants: This program was discontinued by Hickory Public Schools.
- Child Service Coordination: This program continues to experience revenue decline based on State rate reductions.
- Child Health and Maternal Health: These services will be re-organized, which allows for cost savings. The clinic changes will reduce four hourly staff but still provide the same level of service, and will increase face-to-face time for positive pregnancies tests and marketing efforts.

Performance Measurement

Fiscal Year 2010/11

The outcomes established for Fiscal Year 2010/11 continue to focus on providing County residents high quality public health programs and services. For example, Public Health will continue to work to eliminate chronic health conditions as a barrier to achieving school success. Public Health will also ensure that eligible patients will have access to and receive services that help them make informed decisions that will prevent unintended pregnancies and allow patients to find correct treatment for abnormal findings. Additionally, the department will continue to ensure access to prenatal care for women with lower income to promote healthy pregnancy and healthy babies.

Fiscal Year 2009/10

At the mid-year point, the Public Health Department is on track to achieve nearly all of its outcomes. There are 25 total outcomes identified and 77 bullets associated with these outcomes. Of these 77 bullets, 76 are on track to be achieved. Many of the outcomes that the Public Health Department is on track to achieve coincide with educating the public. For example, the Department is helping women with lower incomes through a multidisciplinary team in order to promote healthy pregnancies and healthy babies. Currently, Public Health is meeting this outcome by having 61 percent of prenatal patients who entered into prenatal care do so during the first trimester of pregnancy. Also, Public Health is ensuring families are linked to and access community resources to their health and social needs. This outcome is being achieved by having 100 percent of Child Services Coordination kids identified as out of compliance with the State immunization schedule up-to-day within three months after Child Service Coordination's intervention.

The only area where Public Health is not achieving its target is within Home Health and relates to patient improvement goals. According to the Center for Medicare and Medicaid statistics from October 2009, Public Health has not met its goal to consistently rank above the State average for patient outcome measures. Out of 12 outcomes, Public Health was above State average in two measures, below in nine measures, and equal in one measure.

Fiscal Year 2008/09

During the fiscal year, Public Health achieved the following:

- 207 patients received dental services through Greater Hickory Cooperative Christian Ministries.
- Environmental Health completed 2,570 inspections at permitted establishments.
- Ninety-two percent of children received health care services at Public Health have been age appropriately immunized by 24 months of age.
- School Nurses have identified and are following 57 pregnant and 24 parenting teens in school.
- 10,467 services were performed by Dental Practice staff.

- Multiple messages to the community regarding the flu vaccine, Domino's Pizza incident, H1N1 flu, etc. have been communicated through a variety of methods such as website, local television, newspapers, and flyers, etc.
- Public Health became an accredited health department via the North Carolina Department of Public Health.

ADMINISTRATION

Statement of Purpose

To manage and administer quality, cost effective, and customer driven public health programs and services to Catawba County residents.

Outcomes

1. Catawba County residents will receive high quality public health programs and services.
 - a. Catawba County Public Health (CCPH) will maintain compliance with all local, Federal, and State laws and regulations. Measurement Tool: Documented and periodical review of procedures related to Health Insurance Portability and Accountability (HIPAA), Limited English Proficiency (LEP), confidentiality, finance, program eligibility, fees, etc.
 - b. All service areas will have a quality assurance (QA) program and maintain an achievement rating above minimum standard. Measurement Tool: QA procedures and evidence of achievement ratings above minimum standards per individual program.
 - c. CCPH will develop systems and methods to remain compliant with State Accreditation standards in preparation for re-accreditation in 2012. Measurement Tool: Evidence of systems and tools to monitor compliance with Accreditation activities and evidence of periodic monitoring indicating compliance.
 - d. CCPH will utilize best or model practice methods, whenever possible, to deliver public health programs and services. Utilizing best/model practices allows organizations to benefit from the experiences of others, to learn what works, and to ensure that resources are used wisely on effective programs that have been implemented with good results. Measurement Tool: Summary of best practices utilized.
 - e. CCPH will be fiscally responsible by maximizing revenues, efficiently utilizing resources, and negotiating favorable contracts. Measurement Tool: Finance reports and examples of maximizing and efficiently utilizing resources as well as favorable contracts, as applicable.
2. CCPH programs, services, and staff will meet the expectations of its internal and external customers.
 - a. Annual surveys will maintain an average score of 95 percent Satisfied/Highly Satisfied. Staff is expected to maintain the highest possible customer services level despite decreases in patient resources. Measurement Tool: Annual survey results summary.

- b. Less than an average score of 95 percent will result in an action plan to improve service exceptions. Measurement Tool: Action plan and implementation of action plan.
- 3. Increase community awareness of CCPH vision, mission, and services and improve individual and community knowledge of the importance and impact of disease prevention and health promotion.
 - a. The annual marketing plan will include, at a minimum, two monthly education and marketing strategies (such as Public Service Announcements, presentations, etc.). Strategies to inform the public about available services will be emphasized to ensure people needing services know how to access Public Health services. Measurement Tool: Documentation and evidence of educational and marketing strategies and number of people impacted.
 - b. CCPH State of the County Health Report (SOTCH) will be developed annually with community distribution. Measurement Tool: Documentation and evidence of distribution of report card to partners and community.
 - c. Health care providers will be kept informed of emerging public health issues via communication network (mailings, emails, blast faxes, etc.). Measurement Tool: Documentation and evidence of communication with health care providers.
 - d. A community health assessment (CHA) will be conducted every four years and the results will be distributed to the community (2007, 2011, 2015, etc). Measurement Tool: Documentation and evidence of CHA assessment and documented distribution of assessment to partners and community.
 - e. CCPH Annual Report will be completed and distributed each year. Measurement Tool: Documentation and evidence of distribution of annual report to partners and community.

HOME HEALTH

Statement of Purpose

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. HHA provides skilled nursing, physical therapy, speech therapy, and occupation therapy as well as home health aide and medical social work services to residents in their homes.

Outcomes

1. HHA clients in the Catawba Valley area will have access to and receive quality home health care regardless of their socio-economic status.
 - a. Home Health Outcome measures will consistently rank below the State average for patients needing unplanned medical care and above the State average for patients who remain at home after a home health episode. Measurement Tool: Bi-annual reports.
 - b. Referrals will increase by 5 percent annually. Referrals from July 2008 through December 2008 (634) were 15 percent above the preceding six months (538 for January 2008 through June 2008). A part-time staff position dedicated to marketing HHA services was added in March 2009. Measurement Tool: Compare year-to-year referral totals.
 - c. HHA will maintain or exceed 25 percent of the market share in Catawba County. In Fiscal Year 2007/08, HHA had a 26.4 percent market share among the 12 home health agencies servicing Catawba County. Due to the current economic situation, the number of self-pay and indigent care patients is increasing. For example, from July through December 2008 there were 207 self-pay and indigent patients while in January and February 2009 there have already been 109. Measurement Tool: Track and compare number of indigent patients served by HHA, payer mix patients annually, and total population in Catawba County served by HHA, based on State Market Share Report annually.

ENVIRONMENTAL HEALTH

Statement of Purpose

For the purpose of assuring a safe and healthful environment for the citizens of Catawba County with respect to permitted establishments, subsurface waste disposal, private well construction and protection, and North Carolina Smokefree laws, in compliance with State requirements, the Environmental Health Department shall:

Outcomes

1. Conduct inspections of and provide foodservice education for permitted foodservice establishments.
 - a. Inspect permitted food service establishments according to the requirements in 10A NCAC 46 .0213. Measurement Tool: NC DENR Fees and Statistics report.
 - b. Provide a minimum of four food service education and training workshops in proper food handling and sanitation. Measurement Tool: Educational log.
2. Provide technical assistance, consultation, and remediation through enforcement of statutes and rules to resolve violations identified through environmental health complaints registered with our department.
 - a. Make an initial response to 90 percent of complaints received within 48 hours after receiving the complaint, as required by departmental procedures, and as approved by the North Carolina Local Health Department Accreditation Program. Measurement Tool: Documentation of complaints received, investigation, and resolution.
3. Perform inspections of subsurface wastewater disposal systems as required in by 15A NCAC 18A, .1961(j).
 - a. Inspect a minimum of 90 percent Public Management Entity (PME) systems placed into the inspection queue, where systems inspected in the fiscal year are selected by year of their installation as required by the inspection frequencies defined in 15A NCAC 18A, .1961(j). Measurement Tool: Yearly compliance rate, with a quarterly review.
4. Conduct smoking ban compliance inspections pursuant to 130A-22(h1) to enforce the requirements in 130A-496.
 - a. Conduct compliance inspections, upon complaint received , to ensure that establishments are in compliance with NCGS §130A-497 (by posting conspicuous signs, removing all indoor ashtrays and other smoking receptacles, and directing

persons smoking in the establishment to extinguish the lighted tobacco product). Report results of visit to Health Director. Measurement tool: Complaint record and summary report.

- b. Report compliance inspections confirming violations NCGS §130A-497 of to the Tobacco Prevention and Control Branch. Measurement tool: Documentation of referral in complaint record and summary report.

PRENATAL

Statement of Purpose

To provide comprehensive prenatal care and delivery services that will promote positive pregnancy outcomes utilizing a multi-disciplinary team (nurses, nurse practitioners, certified nurse midwives, OB/GYN physicians, Maternity Care Coordination (MCC) social workers, health educators, and nutritionists).

Outcomes

1. Ensure access to prenatal care for women with lower income through a multidisciplinary team to implement strategies that promote healthy pregnancies and healthy babies.
 - a. Sixty percent of prenatal patients who receive care from Catawba County Public Health (CCPH) will enter into prenatal care within the first trimester to improve pregnancy outcomes. Measurement Tool: HSIS State Reporting System and Monthly Data Report.
 - b. The number of low birth weight babies (low birth weight is less than two thousand five hundred grams or five pounds, eight ounces) born to CCPH patients will be at or below the State average of low birth weight babies. For 2008, the State average was 9.1 percent while Catawba County was at 8.9 percent. Measurement Tool: Catawba Valley Medical Center delivery report and North Carolina Center for State Health Statistics.
 - c. The infant mortality rate (deaths under one year of age, per 1,000 live births) for Catawba County prenatal patients will be less than or equal to the North Carolina State infant mortality rate. The 2008 State of the County Health (SOTCH) Report noted the infant mortality rate for Catawba County as 6.9 and 8.4 for North Carolina. Measurement Tool: Annual State of the County Health (SOTCH) Report and North Carolina State Infant Mortality Statistics.
 - d. Twenty-five percent of MCC prenatal clients identified as smokers upon entry to care will begin smoking cessation education with their MCC worker and will remain smoke free for two months postpartum. Measurement Tool: MCC Monthly Activity Log.

CHILD AND SCHOOL HEALTH

Statement of Purpose

Catawba County Public Health (CCPH) seeks to ensure that children ages 0-18 have access to preventive and acute health care. Routine health care promotes physical, social, and emotional growth of children through the early detection, treatment, and referral of health problems, illness prevention, and anticipatory guidance.

Outcomes

1. Ensure positive health outcomes for children eligible for CCPH child and adolescents through the assurance of timely preventive and acute health care services through community partnerships and direct service.
 - a. Increase access to medical home by 3 percent (baseline 75.8 percent) for Medicaid recipients ages 0-18 by June 2012. Measurement Tool: Social Services Medicaid Recipient Report.
 - b. Ninety percent of children receiving health care services at CCPH will be age appropriately immunized by 24 months of age. Age appropriate immunizations are defined as documentation of four diphtheria, tetanus, and pertussis (DTP), three Polio, one measles, mumps and rubella (MMR), three Haemophilus influenzae type b (Hib), one Varicella, and three Hepatitis B shots by 24 months. State Agreement Addenda requires 90 percent; Catawba County achieved 92 percent for Fiscal Year 2008/09. Measurement Tool: State Annual Age Appropriate Immunization Rate Assessment.

Early Childhood Support Team

Statement of Purpose

The Early Childhood Support Team (ECST) nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including health education for children, center staff, and families, health consultation and staff development, dental screenings, assistance to families in locating and obtaining health resources, and identification and development of an individualized health plan for children with chronic illnesses.

Outcomes

2. Through a partnership between the Catawba County Partnership for Children, Family N.E.T., Catawba County child care centers, and CCPH, child care centers will implement best practice standards to ensure safe and healthy child care environments.

- a. Seventy-five percent of all children with identified chronic medical conditions will have a care plan in place and reviewed between ECST nurse and elementary school health nurse before child transitions from daycare to kindergarten. Measurement Tool: Monthly Activity Report.
- b. Seventy-five percent of all Medicaid eligible children in daycare with identified dental needs will be referred to Catawba County Public Health Dental clinic within 30 days of dental screening in an effort to increase preventive dental health. Measurement Tool: Monthly Activity Report

School Health

Statement of Purpose

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and students to promote maximum physical, social, emotional, and educational growth of children.

Outcomes

- 3. Public schools in Catawba County will support a culture that promotes the health and well-being of the students and its workforce.
 - a. Ninety percent of schools will achieve one or more of the Coordinated School Health Program* (CSHP) priority goals.
 - b. Established CSHP committees will establish annual priorities, develop goals, and implement strategies to achieve health improvements and/or assure a healthy school environment. Measurement Tools: School Health Index tool, annual goals/objectives for each school, and report of the activities/strategies being implemented and achieved.
 - c. Work with the three school districts to write and seek Board of Education approval for two School Health policies as a way to achieve consistent and safe health care delivery within the school setting. Measurement Tool: School Health Activity Report

* Examples of Coordinated School Health Priority goals include implementing healthy snack policies, establishing an asthma education program, establishing staff walking clubs, improving staff emergency response protocols.

- 4. Eliminate chronic health conditions as a barrier to achieving school success by competently and consistently managing these conditions at school through cooperation between the school staff, physician, parents, student, and school nurse by June 30, 2011.

- a. One hundred percent of all children with identified chronic health problems will have an Emergency Action Plan (EAP) developed, so the school staff can appropriately manage the child's medical condition safely at school by June 30, 2011. Measurement Tools: School Health Activity Report
 - b. Ninety percent of students identified as not achieving educational success on standardized testing and enrolled in the Response to Intervention Program (grades K-2) or having a Personal Education Plan (grades 3-8) will receive a vision and hearing screening and health assessment with appropriate interventions taken. Measurement Tools: School Health Activity Report
 - c. Three students per school nurse, who meet program criteria for School Based Case Management (best practice program recommended by State Leaders that encompasses communications and facilitates care along a continuum, through effective resource collaboration and networking in the educational setting and the community. It is a collaborative practice which can include the student, parents, teachers, support staff, school psychologist, physician and other practitioners, and the community. Case management serves to improve attendance, behavior, educational outcomes, health outcomes and quality of life), will be case managed by her/his school nurse and will have documented improvement in individual goals developed through the Case Management program. Measurement Tools: School Health Activity Report, school based case management tools, and quarterly audits.
5. Identify and resolve health issues that affect the ability of students to attain optimal health status and achieve school success by ensuring age appropriate health screening, and follow-up by June 30, 2011.
- a. Seventy-five percent of all 5th graders will be screened for height, weight, and Body Mass Index (BMI) with 100 percent of students, whose BMI (BMI scores > the 85th percentile and < the 5th percentile) exceeds normal medical standards, referred for evaluation by June 30, 2011. Measurement Tools: School Health Activity Report and documentation on Student Health Card.
 - b. Ninety percent of students identified for vision problems will receive appropriate vision care by June 30, 2011. Measurement Tools: School Health Activity Report and documentation on Student Health Card.
 - c. Ninety-eight percent of elementary students will be in compliance with state immunization requirements by June 30, 2011. Measurement Tools: Immunization Record review, School Health Activity Report, and documentation on Student Health Card.
 - d. Seventy-five percent of kindergartners will receive a dental screening by the State Dental Hygienist with 100 percent of students who meet State referral criteria being referred for dental care by June 30, 2011. Measurement Tools: School Health Activity Report and documentation on Student Health Card.

CHILD SERVICE COORDINATION

Statement of Purpose

Child Service Coordination (CSC) is a case management program for high-risk children, birth to three years old that provides comprehensive assessments, screening, health/parenting/safety/education, and health referrals and follow-up. The overall goal of this program is early identification of medical and developmental problems so that the appropriate referrals and early interventions can be initiated and that these children can attain their optimal level of development. The CSC nurses also perform the Postpartum/Newborn Home Visit Assessment to new mothers and infants that are patients of the Catawba County Public Health (CCPH) Prenatal Clinic.

Outcomes

1. Children and families will have the opportunity and capability to reach their optimal level of achievement by being linked to and having access to community resources that meet their health, social, and developmental needs.
 - a. Ninety percent of CSC clients between the ages of 12 and 15 months will have developmental screening performed, evaluated, and appropriate referrals made by the CSC in an effort to assure early identification and follow up of developmental delays. Measurement Tool: Monthly Activity Report.
 - b. Ninety percent of all CSC enrolled children that are identified as out of compliance with the State immunization schedule will be up-to-date within three months of case management initiation. Measurement Tools: Monthly activity report and quarterly audit recorded on monthly activity sheet.
 - c. Twenty-five percent of first time mothers and babies receiving a postpartum/newborn home visit will be referred to the CSC program for follow-up. Measurement Tools: Monthly activity report and quarterly audit recorded on monthly activity sheet.

DENTAL

Statement of Purpose

To improve the overall dental health of Catawba County children and increase the community's "dental IQ."

Outcomes

1. Income eligible Catawba County children will have access to comprehensive, preventive, and treatment dental services through Catawba County Public Health (CCPH) Dental Practice.
 - a. Eleven thousand preventive, diagnostic, and operative dental services will be performed to income eligible children ages 4 – 18 years. Measurement Tool: Computer report documenting dental services.
 - b. One thousand six hundred preventive treatment modality sealants will be placed by Dental Practice staff to reduce the incidence of cavities in the permanent teeth of children. Measurement Tool: Number of patients and/or teeth on which sealants are placed.
 - c. Development and implementation of the Dental Practice Marketing and Outreach Plan will result in a 10 percent increase in new patients. Measurement Tool: Monthly Vital Statistics Report

COMMUNITY AND Adult Health

Statement of Purpose

Adult Health Programs exist at Catawba County Public Health (CCPH) to provide patients with screening exams for early detection of breast, cervical, and communicable diseases, provide methods and strategies for the prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices.

Outcomes

1. Income eligible patients will have access to and receive services that empower them with the knowledge to make informed decisions related to the prevention of unintended pregnancy and the prevention, diagnosis, and/or treatment of abnormal findings.
 - a. All patients will have access to Adult Health Services within two business days of a request to ensure patients receive relevant health information as well as preventive and treatment appointments when they are ready for and need the services. Measurement Tool: Monthly Appointment Data and CMHC reports.
 - b. In an effort to reduce the number of unplanned pregnancies to teens, the Women's Preventive Health (WPH) Clinic will increase the number of teenagers 13-19 years of age that access services by 5 percent. According to 2008 data, the percentage of teen births in Catawba County was 14 percent as compared to the North Carolina Statewide percentage which was 12 percent. The percentage of teens accessing services in WPH Clinic was 18.29 percent in Fiscal Year 2008/09. Measurement Tool: CMHC report, NC State Center for Health Statistics
 - c. One hundred percent of women screened for breast and cervical cancer will be referred to outside agencies/providers for evaluation and/or treatment of abnormal clinical or diagnostic findings. Measurement Tools: Adult Health Intake Log of abnormal results and referrals.
 - d. Ninety percent of Adult Health Clinic patients diagnosed with a sexually transmitted disease will receive treatment within two weeks of diagnosis. Measurement Tools: Adult Health Intake Log of abnormal results and referrals.
2. In an effort to improve healthy behaviors for Catawba County citizens, Health Promotion staff will develop a Community Action Plan (CAP) according to North Carolina Health Promotion guidelines and achieve the objectives described in the CAP by June 30, 2011. Areas of focus include physical activity and nutrition. The CAP is currently in development and will be approved by the State Health Promotion Program by June 2010 and thereafter added to this outcome for the Fiscal Year 2010/11.
3. Ninety percent of the action plan objectives for Catawba County Health Partners, Inc.

(CCHP) will be met to ensure progress toward the long-term goal for each health priority. The four health priorities are access to care, childhood obesity, substance abuse – underage drinking, and cancer – prostate and colon. Goals and objectives for each health priority are currently being developed by CCHP committees and will be attached to this outcome for Fiscal Year 2010/11.

4. CCPH will increase the access of low-income adults to dental care and physician prescribed pharmaceuticals through a partnership with the Greater Hickory Cooperative Christian Ministries (GHCCM).
 - a. Two hundred dental services will be provided to adults at GHCCM. Measurement Tool: Summary of invoices.
 - b. One hundred thirty-five prescription services will be provided at GHCCM to adults referred from CCPH. Measurement Tool: Summary of invoices.
5. CCPH will prevent the spread of communicable diseases by utilizing early detection, preventive vaccination, and treatment modalities.
 - a. Eighty-five percent of high priority (close) tuberculosis (TB) contacts identified will receive a TB skin test (TST within seven days of notification based on State Agreement Addenda requirement. Measurement Tool: TB Log and North Carolina Electronic Disease Surveillance System (NCEDSS) TB Module.
 - b. Sixty-five percent of all persons (non-contacts) who begin treatment for latent TB infection will complete treatment based on State Agreement Addenda requirement. Measurement Tool: Latent TB Medication Log and NCEDSS TB Module Medication entry.

BIOTERRORISM PREPAREDNESS AND RESPONSE

Statement of Purpose

Develop Public Health disease surveillance infrastructure to ensure Catawba County Public Health (CCPH) is prepared to prevent, mitigate, and/or respond to disease outbreaks and biological threats to our community.

Outcomes

1. CCPH is prepared to respond competently to Public Health threats.
 - a. CCPH staff and Epidemiology Team (Epi Team) will participate in at least one preparedness exercise annually. Measurement Tool: Documentation of Public Health safety drills and other preparedness related exercises.
 - b. Ninety-six percent of CCPH staff will complete required preparedness training. The State requires 75 percent staff compliance. Measurement Tool: Training logs.
2. The community will understand how to prepare, what actions to take, and how to access CCPH as a resource during a disaster or Public Health event.
 - a. Create and distribute public messages to the community (presentations, web pages, print ads, etc.) through news outlets, website, Community Alert System (CAS), etc. Measurement Tool: Documentation of messages and methods of distribution.
 - b. Create a common message in cooperation with Emergency Services Communications Committee and/or the Local Health Information Team (LHIT). LHIT includes representation from Healthy Carolinians, counties, and municipalities that work together to provide messages related to health emergencies and events. Working together decreases duplication and encourages sharing resources. Measurement Tool: Documentation of messages and methods of distribution.
3. Key community partners will engage with CCPH to plan for biological or public health related threats, develop preparedness plans, and respond to Public Health emergencies.
 - a. Ensure community input into all preparedness plans by facilitating active multi-hazard/Strategic National Stockpile (SNS) teams and subcommittees. Measurement Tool: Evidence of committee input and planning.
 - b. All State required public health preparedness plans completed on or before deadline. Measurement Tool: Existence of approved preparedness plans within required timeframe.

- c. Lead the development of a Special Medical Needs Sheltering seamless plan and strategies. Measurement Tool: Development of special medical needs shelter plan.

WOMEN, INFANTS, AND CHILDREN (WIC)

Statement of Purpose

To provide nutrition education and supplemental foods to eligible women, infants, and children (WIC) of Catawba County. State data proves that WIC lowers infant mortality by 25 percent to 66 percent among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina (every WIC dollar spent on a pregnant woman saves \$3.13 in Medicaid cost during the first 60 days of an infant's life).

Outcomes

1. Improve pregnancy outcomes by reducing obesity in women and children and maximize the growth and development of infants and children through improved nutritional status.
 - a. Maintain active participation in the WIC Program, at a minimum of 97 percent of the base caseload. Base caseload, the State required patient count per month is determined by a formula based on active participation and projected growth in participants. Catawba County WIC Program continues to exceed State mandated caseload numbers and anticipates continuing to serve an even great number of participants due to the current economic situation. Fiscal Year 2008/09 State mandated caseload was 4,277; Catawba County had an active participation averaging 4,115 participants per month. The caseload increased three times in Fiscal Year 2008/09. For Fiscal Year 2009/10, the State mandated caseload is 4,277. Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.
 - b. Audit WIC approved food vendors in Catawba County annually, per State requirements, to ensure that nutritious foods/nutritional products are readily available and appropriate food vendors are approved for Catawba County. Catawba County currently has 31 approved WIC vendors. Base caseload has been increased by the State WIC program three times between July 2008 and December 2009, indicating substantial growth in WIC participants. Staff time for vendor audits is limited; however, staff will attempt to meet this outcome by making some audit visits in the evenings and over weekends. Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.
 - c. Increase the percentage of women, enrolled in WIC who initiate breastfeeding, by 2 percent to work towards achieving the State goal of 75 percent. (2007 data indicates Catawba County at 54.6 percent and State of North Carolina at 54.6 percent. Data is two years old when received on Agreement Addenda Data.) Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.

- d. Increase percentage of pregnant women served by Catawba County Public Health WIC, who received program services during the first trimester of pregnancy, by 2 percent (2007 data indicates Catawba County at 22.2 percent and State of North Carolina at 29.8 percent. Data is two years old when we receive it on Agreement Addenda Data). Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.